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WELL DRILLING AND COMPLETION REPORT

For instructions on completing this form, visit the Division's website at www.dec.ny.gov/energy/205.html or contact your local Regional office.

FOR DEPARTMENT USE ONLY							
Reviewed by _____		Date _____		Well Type _____			
WELL NAME AND NUMBER WELL 18				API WELL IDENTIFICATION NUMBER 31 - 0 9 7 - 0 3 2 9 0 - 0 0 - 0 1			
WELL OWNER (Full Name of Organization or Individual as registered with the Division) INERGY MIDSTREAM LLC.							
TYPE OF REPORT <input type="checkbox"/> Interim <input checked="" type="checkbox"/> Final		TYPE OF WELL <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing		TYPE OF WELL BORE <input checked="" type="checkbox"/> Vertical <input type="checkbox"/> Directional <input type="checkbox"/> Horizontal			
If the well is a directional or sidetrack, also submit a complete directional survey							
TYPE OF OPERATION <input checked="" type="checkbox"/> Drill <input type="checkbox"/> Plug Back <input type="checkbox"/> Deepen <input type="checkbox"/> Convert		WELL TYPE (Test data, if available, must be noted on page 2 of this form) <input type="checkbox"/> Gas Production <input type="checkbox"/> Geothermal <input type="checkbox"/> Brine <input type="checkbox"/> Dry Hole <input type="checkbox"/> Injection <input type="checkbox"/> Brine Disposal <input type="checkbox"/> Oil Production <input checked="" type="checkbox"/> Stratigraphic <input type="checkbox"/> Storage <input type="checkbox"/> Other (Specify) _____					
FLUIDS PRODUCED OR INJECTED <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Brine <input type="checkbox"/> Fresh Water <input type="checkbox"/> LPG <input type="checkbox"/> Other (Specify) _____				TYPE OF COMPLETION <input type="checkbox"/> Single <input type="checkbox"/> Multiple <input checked="" type="checkbox"/> Other (Specify) CONNECTED WITH WELLS 52, 57			
7½ MINUTE QUAD NAME READING CENTER				QUAD SECTION F			
LOCATION DESCRIPTION Surface _____ 0' _____ 0' Top of Target Interval _____ Bottom of Target Interval _____ Bottom Hole 2,065 2,065 TVD TMD		Decimal Latitude (NAD83) 4 2 . 4 2 3 1 0 6		Decimal Longitude (NAD83) 7 6 . 8 9 6 6 9 7			
PRODUCING FORMATION(S) N/A		DEEPEST FORMATION PENETRATED SYRACUSE SALT		DRILLING CONTRACTOR(S) DALLAS MORRIS			
For vertical wells, use TMD to record depths							
COUNTY SCHUYLER		DATE DRILLING COMMENCED Month 8 Day 20 Year 2011		DRILLED WITH CABLE TOOLS (TMD) From _____ ft. to _____ ft.			
TOWN READING		DATE DRILLING COMPLETED Month 8 Day 31 Year 2011		DRILLED WITH ROTARY TOOLS (TMD) From 0 ft. to 2,065 ft.			
FIELD/POOL NAME US SALT		DATE FINAL COMPLETION/RECOMPLETION Month 7 Day 9 Year 2013		ROTARY DRILLING FLUID <input type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input type="checkbox"/> Mud			
DRILLER'S TD (ft.) _____ 2,065 TVD _____ 2,065 TMD		LOGGER'S TD (ft.) _____ TVD _____ TMD		PLUG BACK TO (ft.) _____ TVD _____ TMD		KICKOFF DEPTH (ft.) _____ TMD	
ELEV. (ft.) 687		<input type="checkbox"/> Topo <input checked="" type="checkbox"/> Survey		DATUM (ft.) 2 <input type="checkbox"/> DF <input type="checkbox"/> KB <input checked="" type="checkbox"/> GL			
If the well was NOT plugged back completely with cement, also file a Plugging Report (form 85-15-8) to show the details of the plug back							
LIST ALL WIRELINE LOGS RUN--SUBMIT TWO (2) COPIES OF EACH <input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Resistivity <input checked="" type="checkbox"/> Density <input checked="" type="checkbox"/> Neutron <input type="checkbox"/> Mud <input checked="" type="checkbox"/> Directional <input type="checkbox"/> Induction <input type="checkbox"/> Temperature <input checked="" type="checkbox"/> Caliper <input checked="" type="checkbox"/> Sonic <input checked="" type="checkbox"/> Others (Specify) SONAR, RT EXPLORER, CEMENT BOND HR VERTILOG				WELL CORED <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Sidewall <input type="checkbox"/> Conventional CUTTINGS COLLECTED FOR STATE <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
CASING PROGRESS	CASING STRINGS	HOLE SIZE	PIPE SIZE	GRADE/WT.	NEW OR USED	DEPTHS SET (TMD)	
	Drive Pipe or Conductor	NA	14"	46#	EXISTING	10'	CENTRALIZERS
	Surface or Water	12 3/8"	9 5/8"	36#	NEW	716'	116,236,354,476,596,675
	Intermediate						
	Production	8 3/4"	7"	23#	NEW	2035'	Every 3rd Joint= 14
	Liners						40'
CEMENT DATA	CEMENT DATA	CLASS/TYPE OF CEMENT	NUMBER OF SACKS	SLURRY WT. (ppg)	YIELD (ft. ³ /sx)	VOLUME (ft. ³)	CEMENT TOP (TMD)
	Drive Pipe or Conductor						
	Surface or Water	CLASS A	265	15.6	1.18	306.8	Surface
	Intermediate						
	Production	CLASS A	490	15.6	1.18	578.2	1200'
	Liners						24
I hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.							
Printed or Typed Name of Authorized Representative BARRY L MOON							
Signature <i>Barry L Moon</i>		Title MANAGER		Date July 9, 2013			

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WELL DRILLING AND COMPLETION REPORT

For instructions on completing this form, visit the Division's website at www.dec.ny.gov/energy/205.html or contact your local Regional office.

FOR DEPARTMENT USE ONLY							
Reviewed by _____		Date _____		Well Type _____			
WELL NAME AND NUMBER WELL 34				API WELL IDENTIFICATION NUMBER 31-09761191-0001			
WELL OWNER (Full Name of Organization or Individual as registered with the Division) FINGER LAKES LPG STORAGE LLC							
TYPE OF REPORT <input type="checkbox"/> Interim <input checked="" type="checkbox"/> Final		TYPE OF WELL <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing		TYPE OF WELL BORE <input checked="" type="checkbox"/> Vertical <input type="checkbox"/> Directional <input type="checkbox"/> Horizontal			
If the well is a directional or sidetrack, also submit a complete directional survey							
TYPE OF OPERATION <input type="checkbox"/> Drill <input type="checkbox"/> Plug Back <input type="checkbox"/> Deepen <input type="checkbox"/> Convert		WELL TYPE (Test data, if available, must be noted on page 2 of this form) <input type="checkbox"/> Gas Production <input type="checkbox"/> Geothermal <input type="checkbox"/> Brine <input type="checkbox"/> Dry Hole <input type="checkbox"/> Injection <input type="checkbox"/> Brine Disposal <input type="checkbox"/> Oil Production <input checked="" type="checkbox"/> Stratigraphic <input type="checkbox"/> Storage <input type="checkbox"/> Other (Specify) _____					
FLUIDS PRODUCED OR INJECTED <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Brine <input type="checkbox"/> Fresh Water <input type="checkbox"/> LPG <input type="checkbox"/> Other (Specify) _____				TYPE OF COMPLETION <input type="checkbox"/> Single <input type="checkbox"/> Multiple <input checked="" type="checkbox"/> Other (Specify) GALLERY CONNECTED WITH WELLS 33, 43, 44			
7 1/2 MINUTE QUAD NAME READING CENTER				QUAD SECTION F			
LOCATION DESCRIPTION Surface _____' _____' Top of Target Interval _____' Bottom of Target Interval _____' Bottom Hole 2,383 2,383 TVD TMD		Decimal Latitude (NAD83) 4 2.4 1 9 7 3 5		Decimal Longitude (NAD83) 7 6.8 9 5 7 9 1			
PRODUCING FORMATION(S) NA		DEEPEST FORMATION PENETRATED SYRACUSE SALT		DRILLING CONTRACTOR(S) DALLAS MORRIS			
For vertical wells, use TMD to record depths							
COUNTY SCHUYLER		DATE DRILLING COMMENCED Month 11 Day 7 Year 2008		DRILLED WITH CABLE TOOLS (TMD) From _____ ft. to _____ ft.			
TOWN READING		DATE DRILLING COMPLETED Month 11 Day 18 Year 2008		DRILLED WITH ROTARY TOOLS (TMD) From 0 ft. to 2,383 ft.			
FIELD/POOL NAME US SALT		DATE FINAL COMPLETION/RECOMPLETION Month 7 Day 8 Year 2013		ROTARY DRILLING FLUID <input type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input type="checkbox"/> Mud			
DRILLER'S TD (ft.) 2,383 TVD 2,383 TMD	LOGGER'S TD (ft.) _____ TMD	PLUG BACK TO (ft.) _____ TMD	KICKOFF DEPTH (ft.) _____ TMD	ELEV. (ft.) 706 <input type="checkbox"/> Topo <input checked="" type="checkbox"/> Survey DATUM (ft.) 2 <input type="checkbox"/> DF <input type="checkbox"/> KB <input checked="" type="checkbox"/> GL			
If the well was NOT plugged back completely with cement, also file a Plugging Report (form 85-15-8) to show the details of the plug back							
LIST ALL WIRELINE LOGS RUN--SUBMIT TWO (2) COPIES OF EACH <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Resistivity <input type="checkbox"/> Density <input type="checkbox"/> Neutron <input type="checkbox"/> Mud <input checked="" type="checkbox"/> Directional <input type="checkbox"/> Induction <input type="checkbox"/> Temperature <input type="checkbox"/> Caliper <input type="checkbox"/> Sonic <input checked="" type="checkbox"/> Others (Specify) SONAR, MICRO VERTILOG				WELL CORED <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Sidewall <input type="checkbox"/> Conventional CUTTINGS COLLECTED FOR STATE <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
C A S I N G P R O G R A M	CASING STRINGS	HOLE SIZE	PIPE SIZE	GRADE/WT.	NEW OR USED	DEPTHS SET (TMD)	
	Drive Pipe or Conductor	12 1/4"	8 5/8"	J55/ 36#	EXISTING	175'	
	Surface or Water						
	Intermediate						
	Production	7 7/8"	5 1/2"	J55/15.5#	EXISTING	2222'	
C E M E N T D A T A	CEMENT DATA	CLASS/TYPE OF CEMENT	NUMBER OF SACKS	SLURRY WT. (ppg)	YIELD (ft. ³ /sx)	VOLUME (ft. ³)	CEMENT TOP (TMD)
	Drive Pipe or Conductor	PORTLAND	175	NA	NA	NA	SURFACE
	Surface or Water						
	Intermediate						
	Production	CLASS A	545	NA	NA	NA	SURFACE
	Liners						
I hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.							
Printed or Typed Name of Authorized Representative BARRY L. MOON				Title MANAGER			
Signature _____		Date July 8, 2013					

For instructions on completing this form, visit the Division's website at www.dec.ny.gov/energy/205.html or contact your local Regional office.

FOR DEPARTMENT USE ONLY									
Reviewed by _____			Date _____			Well Type _____			
WELL NAME AND NUMBER WELL 43			API WELL IDENTIFICATION NUMBER 31 - 0 9 7 . 6 1 1 9 9 . 0 0 . 0 1						
WELL OWNER (Full Name of Organization or Individual as registered with the Division) FINGER LAKES STORAGE LLC									
TYPE OF REPORT <input type="checkbox"/> Interim <input checked="" type="checkbox"/> Final			TYPE OF WELL <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing			TYPE OF WELL BORE <input checked="" type="checkbox"/> Vertical <input type="checkbox"/> Directional <input type="checkbox"/> Horizontal			
If the well is a directional or sidetrack, also submit a complete directional survey									
TYPE OF OPERATION <input type="checkbox"/> Drill <input type="checkbox"/> Plug Back <input type="checkbox"/> Deepen <input type="checkbox"/> Convert			WELL TYPE (Test data, if available, must be noted on page 2 of this form) <input type="checkbox"/> Gas Production <input type="checkbox"/> Geothermal <input type="checkbox"/> Brine <input type="checkbox"/> Dry Hole <input type="checkbox"/> Injection <input type="checkbox"/> Brine Disposal <input type="checkbox"/> Oil Production <input checked="" type="checkbox"/> Stratigraphic <input type="checkbox"/> Storage <input type="checkbox"/> Other (Specify) _____						
FLUIDS PRODUCED OR INJECTED <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Brine <input type="checkbox"/> Fresh Water <input type="checkbox"/> LPG <input type="checkbox"/> Other (Specify) _____					TYPE OF COMPLETION <input type="checkbox"/> Single <input type="checkbox"/> Multiple <input checked="" type="checkbox"/> Other (Specify) CONNECTED WITH WELLS 33,34,44				
7½ MINUTE QUAD NAME READING CENTER					QUAD SECTION F				
LOCATION DESCRIPTION Surface _____ 0' _____ 0' Top of Target Interval _____ Bottom of Target Interval _____ Bottom Hole 2,354 TVD 2,354 TMD			Decimal Latitude (NAD83) 4 2 . 4 1 8 8 2 8			Decimal Longitude (NAD83) 7 6 . 8 9 5 3 9 4			
PRODUCING FORMATION(S) N/A			DEEPEST FORMATION PENETRATED SYRACUSE SALT			DRILLING CONTRACTOR(S) DALLAS MORRIS			
For vertical wells, use TMD to record depths									
COUNTY SCHUYLER			DATE DRILLING COMMENCED Month 12 Day 2 Year 2008			DRILLED WITH CABLE TOOLS (TMD) From _____ ft to _____ ft			
TOWN READING			DATE DRILLING COMPLETED Month 12 Day 4 Year 2008			DRILLED WITH ROTARY TOOLS (TMD) From 0 ft to 2,314 ft			
FIELD/POOL NAME US SALT			DATE FINAL COMPLETION/RECOMPLETION Month 7 Day 8 Year 2013			ROTARY DRILLING FLUID <input type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input type="checkbox"/> Mud			
DRILLER'S TD (ft.) 2,314 TVD 2,314 TMD		LOGGER'S TD (ft.) _____ _____ _____ TMD		PLUG BACK TO (ft.) _____ _____ _____ TMD		KICKOFF DEPTH (ft.) _____ _____ TMD		ELEV. (ft.) 703 <input type="checkbox"/> Topo <input checked="" type="checkbox"/> Survey DATUM (ft.) 2 <input type="checkbox"/> DF <input type="checkbox"/> KB <input checked="" type="checkbox"/> GL	
If the well was NOT plugged back completely with cement, also file a Plugging Report (form 85-15-8) to show the details of the plug back									
LIST ALL WIRELIN LOGS RUN--SUBMIT TWO (2) COPIES OF EACH <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Resistivity <input type="checkbox"/> Density <input type="checkbox"/> Neutron <input type="checkbox"/> Mud <input checked="" type="checkbox"/> Directional <input type="checkbox"/> Induction <input type="checkbox"/> Temperature <input type="checkbox"/> Caliper <input type="checkbox"/> Sonic <input checked="" type="checkbox"/> Others (Specify) SONAR						WELL CORED <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Sidewall <input type="checkbox"/> Conventional CUTTINGS COLLECTED FOR STATE <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
CASING STRINGS	HOLE SIZE	PIPE SIZE	GRADE/WT.	NEW OR USED	DEPTHS SET (TMD)				
Drive Pipe or Conductor	20"	13 3/8"	NA	EXISTING	CASING	CENTRALIZERS	BASKETS		
Surface or Water									
Intermediate									
Production	8 5/8"	5 1/2"	15.5#	EXISTING	2221'				
Liners	5 1/2"	4" FJ	P110/ 13.5#	NEW	2117'				
CEMENT DATA	CLASS/TYPE OF CEMENT		NUMBER OF SACKS	SLURRY WT. (pgg)	YIELD (ft. ³ /sx)	VOLUME (ft. ³)	CEMENT TOP (TMD)	W.O.C (hrs.)	
Drive Pipe or Conductor	CLASS A		86	NA	NA	NA	SURFACE	NA	
Surface or Water									
Intermediate									
Production	CLASS A		960	NA	NA	NA	SURFACE	NA	
Liners	CLASS A		65	NA	NA	NA	725'	24	
I hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.									
Printed or Typed Name of Authorized Representative BARRY L MOON									
Signature <i>[Handwritten Signature]</i>			Title MANAGER			Date July 8, 2013			

PRINT OR TYPE IN BLACK INK

**WELL DRILLING AND COMPLETION REPORT**For instructions on completing this form, visit the Division's website at www.dec.ny.gov/energy/205.html or contact your local Regional office.

FOR DEPARTMENT USE ONLY									
Reviewed by _____			Date _____			Well Type _____			
WELL NAME AND NUMBER WELL 44			API WELL IDENTIFICATION NUMBER 31-097.61200.00.01						
WELL OWNER (Full Name of Organization or Individual as registered with the Division) INERGY MIDSTREAM LLC.									
TYPE OF REPORT <input type="checkbox"/> Interim <input checked="" type="checkbox"/> Final			TYPE OF WELL <input type="checkbox"/> New <input checked="" type="checkbox"/> Existing			TYPE OF WELL BORE <input checked="" type="checkbox"/> Vertical <input type="checkbox"/> Directional <input type="checkbox"/> Horizontal			
If the well is a directional or sidetrack, also submit a complete directional survey									
TYPE OF OPERATION <input type="checkbox"/> Drill <input type="checkbox"/> Plug Back <input type="checkbox"/> Deepen <input type="checkbox"/> Convert			WELL TYPE (Test data, if available, must be noted on page 2 of this form) <input type="checkbox"/> Gas Production <input type="checkbox"/> Geothermal <input type="checkbox"/> Brine <input type="checkbox"/> Dry Hole <input type="checkbox"/> Injection <input type="checkbox"/> Brine Disposal <input type="checkbox"/> Oil Production <input checked="" type="checkbox"/> Stratigraphic <input type="checkbox"/> Storage <input type="checkbox"/> Other (Specify) _____						
FLUIDS PRODUCED OR INJECTED <input type="checkbox"/> Oil <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Brine <input type="checkbox"/> Fresh Water <input type="checkbox"/> LPG <input type="checkbox"/> Other (Specify) _____			TYPE OF COMPLETION <input type="checkbox"/> Single <input type="checkbox"/> Multiple <input checked="" type="checkbox"/> Other (Specify) GALLERY						
7½ MINUTE QUAD NAME READING CENTER			QUAD SECTION F						
LOCATION DESCRIPTION Surface <u>0'</u> <u>0'</u> Top of Target Interval _____ Bottom of Target Interval _____ Bottom Hole <u>2,494</u> <u>2,495</u> TVD TMD			Decimal Latitude (NAD83) 4 2.4 2 0 7 5 7			Decimal Longitude (NAD83) 7 6.8 9 6 2 7 0			
PRODUCING FORMATION(S) SYRACUSE SALT			DEEPEST FORMATION PENETRATED SYRACUSE SALT			DRILLING CONTRACTOR(S) DALLAS MORRIS			
For vertical wells, use TMD to record depths									
COUNTY SCHUYLER			DATE DRILLING COMMENCED Month <u>1</u> Day _____ Year 1967			DRILLED WITH CABLE TOOLS (TMD) From _____ ft. to _____ ft.			
TOWN READING			DATE DRILLING COMPLETED Month <u>1</u> Day _____ Year 1967			DRILLED WITH ROTARY TOOLS (TMD) From <u>0</u> ft. to <u>2,442</u> ft.			
FIELD/POOL NAME US SALT			DATE FINAL COMPLETION/RECOMPLETION Month <u>10</u> Day <u>2</u> Year 2009			ROTARY DRILLING FLUID <input type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input type="checkbox"/> Mud			
DRILLER'S TD (ft.) <u>2,430</u> TVD <u>2,430</u> TMD		LOGGER'S TD (ft.) _____ TVD _____ TMD		PLUG BACK TO (ft.) _____ TVD _____ TMD		KICKOFF DEPTH (ft.) _____ TMD		ELEV. (ft.) <u>706</u> <input type="checkbox"/> Topo <input checked="" type="checkbox"/> Survey DATUM (ft.) <u>-1</u> <input type="checkbox"/> DF <input type="checkbox"/> KB <input checked="" type="checkbox"/> GL	
If the well was NOT plugged back completely with cement, also file a Plugging Report (form 85-15-8) to show the details of the plug back									
LIST ALL WIRELINE LOGS RUN--SUBMIT TWO (2) COPIES OF EACH <input type="checkbox"/> Gamma Ray <input type="checkbox"/> Resistivity <input type="checkbox"/> Density <input type="checkbox"/> Neutron <input type="checkbox"/> Mud <input checked="" type="checkbox"/> Directional <input type="checkbox"/> Induction <input type="checkbox"/> Temperature <input type="checkbox"/> Caliper <input type="checkbox"/> Sonic <input checked="" type="checkbox"/> Others (Specify) SONAR, SEGMENTED CEMENT BOND						WELL CORED <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Sidewall <input type="checkbox"/> Conventional CUTTINGS COLLECTED FOR STATE <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
CASING PROGRAM	CASING STRINGS	HOLE SIZE	PIPE SIZE	GRADE/WT.	NEW OR USED	DEPTHS SET (TMD)			
	Drive Pipe or Conductor		13 3/8"	J55/ 54#	EXISTING	68'	CENTRALIZERS		
	Surface or Water						BASKETS		
	Intermediate		8 5/8"	J55/36#	EXISTING	2270'			
	Production		6 5/8"	J55/ 24#	EXISTING	2423'			
CEMENT DATA	CEMENT DATA	CLASS/TYPE OF CEMENT		NUMBER OF SACKS	SLURRY WT. (ppg)	YIELD (ft. ³ /sx)	VOLUME (ft. ³)	CEMENT TOP (TMD)	W.O.C. (hrs.)
	Drive Pipe or Conductor	CLASS A		100				SURFACE	
	Surface or Water								
	Intermediate	CLASS A		200				SURFACE	
	Production	CLASS A + 2% CACL		64	15.6#			SURFACE	24
	Liners								
I hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.									
Printed or Typed Name of Authorized Representative BARRY L. MOON					Signature <u><i>Barry L. Moon</i></u>				
Title MANAGER					Date July 9, 2013				

PRINT OR TYPE IN BLACK INK

WELL DRILLING AND COMPLETION REPORT

For instructions on completing this form, visit the Division's website at <http://www.dec.state.ny.us/da/about/decdocs/nybr.pdf> or contact your local Regional office.

FOR DEPARTMENT USE ONLY	
Reviewed by _____	Date _____ Well Type _____
WELL NAME AND NUMBER	
API WELL IDENTIFICATION NUMBER	
57 31-097-12858-0002	
WELL OWNER (Full Name of Organization or Individual as registered with the Division)	
INERGY MIDSTREAM LLC.	
TYPE OF REPORT	
<input type="checkbox"/> Interim <input checked="" type="checkbox"/> Final	
TYPE OF WELL	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Existing	
TYPE OF WELL BORE	
<input checked="" type="checkbox"/> Vertical <input type="checkbox"/> Directional <input type="checkbox"/> Horizontal	
If the well is a directional or sidetrack, also submit a complete directional survey	
TYPE OF OPERATION	
<input checked="" type="checkbox"/> Drill <input type="checkbox"/> Plug Back <input type="checkbox"/> Deepen <input type="checkbox"/> Convert	
WELL TYPE (Test data, if available, must be noted on page 2 of this form)	
<input type="checkbox"/> Gas Production <input type="checkbox"/> Geothermal <input type="checkbox"/> Brine <input type="checkbox"/> Dry Hole <input type="checkbox"/> Injection <input type="checkbox"/> Brine Disposal	
<input type="checkbox"/> Oil Production <input checked="" type="checkbox"/> Stratigraphic <input type="checkbox"/> Storage <input type="checkbox"/> Other (Specify) _____	
FLUIDS PRODUCED OR INJECTED	
<input type="checkbox"/> Oil <input type="checkbox"/> Gas <input checked="" type="checkbox"/> Brine <input type="checkbox"/> Fresh Water	
<input type="checkbox"/> LPG <input type="checkbox"/> Other (Specify) _____	
TYPE OF COMPLETION	
<input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple	
<input type="checkbox"/> Other (Specify) _____	
7 1/2 MINUTE QUAD NAME	
QUAD SECTION	
READING CENTER	
F	
LOCATION DESCRIPTION	
Surface _____	
Top of Target Interval _____	
Bottom of Target Interval _____	
Bottom Hole _____	
TVD _____ TMD _____	
Decimal Latitude (NAD83)	
4 2 . 4 1 1 9 8 1	
Decimal Longitude (NAD83)	
7 6 . 8 9 0 8 7 9	
PRODUCING FORMATION(S)	
SYRACUSE SALT	
DEEPEST FORMATION PENETRATED	
SYRACUSE SALT	
DRILLING CONTRACTOR(S)	
DRILLERS LLC.	
COUNTY	
SCHUYLER	
TOWN	
READING	
FIELD/POOL NAME	
US SALT	
DATE DRILLING COMMENCED	
Month 8 Day 15 Year 2011	
DATE DRILLING COMPLETED	
Month 8 Day 18 Year 2011	
DATE FINAL COMPLETION/RECOMPLETION	
Month 8 Day 18 Year 2011	
ROTARY DRILLING FLUID	
<input checked="" type="checkbox"/> Water <input checked="" type="checkbox"/> Air <input type="checkbox"/> Mud	
DRILLER'S TD (ft.)	
2,429 TVD	
2,429 TMD	
LOGGER'S TD (ft.)	
2,296 TVD	
2,296 TMD	
PLUG BACK TO (ft.)	
TVD TMD	
KICKOFF DEPTH (ft.)	
TMD	
ELEV. (ft.)	
692	
<input type="checkbox"/> Tcpe <input checked="" type="checkbox"/> Survey	
DATUM (ft.)	
692	
<input type="checkbox"/> DF <input type="checkbox"/> KB <input checked="" type="checkbox"/> GL	
If the well was NOT plugged back completely with cement, also file a Plugging Report (form 85-15-8) to show the details of the plug back	
LIST ALL WIRELINE LOGS RUN--SUBMIT TWO (2) COPIES OF EACH	
<input checked="" type="checkbox"/> Gamma Ray <input type="checkbox"/> Resistivity <input checked="" type="checkbox"/> Density <input type="checkbox"/> Neutron <input type="checkbox"/> Mud	
<input checked="" type="checkbox"/> Directional <input type="checkbox"/> Induction <input type="checkbox"/> Temperature <input checked="" type="checkbox"/> Caliper <input checked="" type="checkbox"/> Sonic	
<input checked="" type="checkbox"/> Others (Specify) SBT CEMENT BOND, HR VERTILOG	
WELL CORED	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
<input type="checkbox"/> Sidewall <input type="checkbox"/> Conventional	
CUTTINGS COLLECTED FOR STATE	
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
CASING STRINGS	
HOLE SIZE	
PIPE SIZE	
GRADE/WT	
NEW OR USED	
CASING	
CENTRALIZERS	
BASKETS	
Drive Pipe or Conductor	
EXISTING	
14"	
30	
80'	
Surface or Water	
Intermediate	
Production	
EXISTING	
8 5/8"	
32#	
2296'	
Liners	
CEMENT DATA	
CLASS/TYPE OF CEMENT	
NUMBER OF SACKS	
SLURRY WT. (ppg)	
YIELD (ft. ³ /sx)	
VOLUME (ft. ³)	
CEMENT TOP (TMD)	
W.O.C (hrs.)	
Drive Pipe or Conductor	
Surface or Water	
Intermediate	
Production	
Liners	
I hereby affirm under penalty of perjury that information provided on this form is true to the best of my knowledge and belief. False statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law.	
Printed or Typed Name of Authorized Representative	
Barry L Moon	
Signature	
Title	
Manager	
Date	
7-9-13	

WELL DRILLING AND COMPLETION REPORT

ATTACH ADDITIONAL INFORMATION AS NECESSARY

WELL NAME AND NUMBER 57		API WELL IDENTIFICATION NUMBER 31-097-12858-00002									
P R E C O M P L E T I O N	TYPE OF TEST (dst, ball, etc.)	ZONES TESTED (TMD)		DURATION OF TEST (hrs.)	FLUID TYPES AND AMOUNTS PRODUCED AND OTHER DATA						
		ft to	ft								
		ft to	ft								
C O M P L E T I O N	COMPLETION EQUIPMENT List tubing, packer, rods, pump, bridges, etc. note sizes and depths				WELL COMPLETED OPEN HOLE (TMD) 2182 ft to 2502 ft						
	2290' - 8 5/8" 52# CASING @ SURFACE 8 5/8" X 11" WELLHEAD AND TEST FLANGE.										
	PERFORATED INTERVALS (TMD)		NO. OF SHOTS		PERFORATED INTERVALS (TMD) Continued		NO. OF SHOTS				
	ft to	ft			ft to	ft					
	ft to	ft			ft to	ft					
	ft to	ft			ft to	ft					
S T I M U L A T I O N	ZONES TREATED (TMD)		DETAILS: type and volume of materials, rates, breakdown psi, average treatment psi, isip, etc.								
	ft to		ft								
	ft to		ft								
	ft to		ft								
	ft to		ft								
P R O D U C T I O N	FORMATION TESTED		GAS TEST		OIL TEST		INITIAL SHUT-IN PRESSURE				
			<input type="checkbox"/> Open Flow <input type="checkbox"/> Build Up		<input type="checkbox"/> Drawdown <input type="checkbox"/> Pump <input type="checkbox"/> Flow		Surface _____ psi Bottom Hole _____ psi				
	DURATION OF TEST		FLOWING TEST DATA		Tubing		Casing		S I Tubing		S I Casing
	hrs.	Choke	in.	psi	psi	psi	psi	psi	psi	psi	psi
	PRODUCTION	Oil	Water	Gas	GAS MEASURED BY		TEST STARTING DATE				
	barrel	barrel	mcfd	<input type="checkbox"/> Orifice	<input type="checkbox"/> Pitot	<input type="checkbox"/> Estimated					
U N C O N F I D E N T I F I C A T I O N O F F O R M A T I O N R E C O R D O F P E N E T R A T I O N	DEPTH IN FEET (TMD)	DEPTH IN FEET (TMD)	FORMATION NAME		DESCRIBE ROCK TYPE AND RECORD QUANTITY AND TYPE OF FRESH WATER, BRINE, OIL AND GAS						
	0	0			Ground Surface (Elevation)						
		515	TULLY								
		1,465	MARCELLUS								
		1,490	ONONDAGA								
		2,055	SYRACUSE SALT								